

QUALITY MANAGEMENT ADVISORY COMMITTEE (QMAC) NEWSLETTER

State Quality Improvement Project | QMAC Committee Updates | HIV and Aging

Capacity Building (CB) Subcommittee Update

-The Capacity Building Subcommittee has completed the QMAC Orientation Manual.

-The CB Subcommittee has planned the first orientation session for May 21st, 2019 at 7:00pm in Richmond.

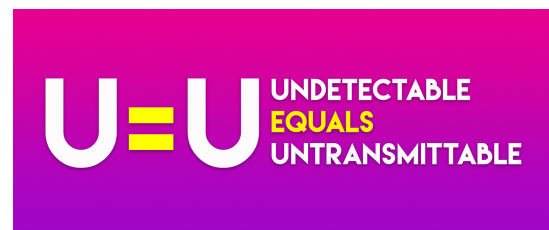
-Mentors have been identified for new persons who may have questions and/or need additional training about QMAC.

Virginia Quality of Care Consumer Advisory Committee (VACAC) Subcommittee Update

-VACAC Executive Committee members attended the "Greying of HIV" conference held in Baltimore, MD in March, 2019.

Grant Year 2019-2020 Quality Improvement Project- Viral Suppression

Our goal as Ryan White providers, advocates, clients, and case managers are to help people living with HIV reach and maintain viral suppression, so they can live longer and healthier lives and reduce their chances of passing HIV onto others.



This year, VDH has selected the state-wide Quality Improvement Project (QIP) to focus on improving and maintaining high-level rates of viral load suppression. Viral Load monitoring offers a number of benefits to patients on Anti-Retroviral Treatment (ART), including:

- * Timely indication of the need for adherence support;
- * Early detection of the possibility of developing drug-resistant mutations;
- * Detection of clients at increased risk of opportunistic infections; and
- * Guiding timely decisions for switching to a more appropriate treatment regimen in treatment failure is confirmed.

VDH has provided guidance on this year's QIP, as well as the updated QIP reporting template soon.

Subrecipients who provide support services such as Outreach, Early Intervention Services (EIS), and Legal Services, will focus their QIP on improving HIV Linkage to Care or Retention to Care. Questions? Contact Jonathan Albright at 804-864-7951.

VACAC Subcommittee Update contd.

Covered health topics included bone deterioration in the aging HIV population, the struggles of multiple drug interactions when dealing with co-morbidities and ideas to help the greying population to remain active and receive the assistance needed to maintain health and stability as they age.

-VACAC member Sylvester Askins was recently appointed to the Board of Directors for the National Working Positive Coalition. The mission of the coalition is to provide information and resources for people living with HIV and assisting them on making informed decisions on employment. Congrats!

Data Subcommittee Update

-The Data Subcommittee formulated a robust roles and responsibilities list for a committee member with the intent to be shared with agency's staff.

HIV & Aging-

What Providers and Clients Should Know

Nearly half of the people living with HIV in the United States today are 50 years old or older. The HIV population is aging, and with aging comes new challenges to address the medical and social support needs of people living with HIV. Thankfully today, people with HIV are living longer thanks to advances in Antiretroviral Treatment. However, aging with HIV and its' impact on the aging body is fairly new for HIV care

What's concerning for many providers is the prevalence of co-morbid diseases in the HIV+ aging population, such as heart disease, bone fractures, kidney disease, and certain cancers. It's hard to determine the extent that HIV

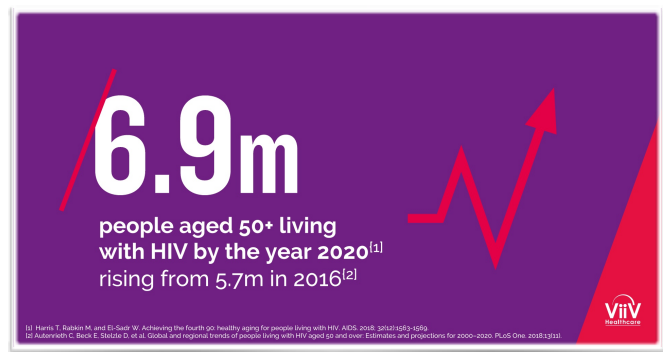
impacts the development of the other diseases but because HIV is constantly at war with the immune system, people with HIV

have less

defenders to fight off other disease. This immune system response causes long-term inflammation. "Unchecked inflammation can wreak utter havoc on the body: causing the buildup of heart attack- and stroke-causing plaques in our arteries, feeding the growth of some types of cancer, and burning out our immune systems," according to POZ.com.

So what can people living with HIV and are over 50 do to prevent co-morbid diseases? First, smoking tobacco increases the risk of numerous diseases in any older individual, so smoking cessation is encouraged. Limiting drug and alcohol use can protect the heart and blood pressure. Exercise and eating a balanced diet will also help combat co-morbid diseases. And very importantly, continue to treat your HIV disease. See a physician regularly and talk to them about treatment adherence and medication side effects, benefits, etc. It can be challenging in a fast-paced world to take the time to eat well, exercise, see our physicians, and focus on overall mental and physical wellness. As we age however, these become more and more important to achieve sustained health.

To find more resources or information like this about HIV and aging, visit CDC.gov, HIV.gov, or talk to your medical provider.



Data Subcommittee Update contd.

-We hope this will help retention of members and raise awareness of the subcommittee. We are also excited about a collaboration with the VACAC & Consumers at our agencies to release a memo/training document about how data is a large part of their quality care for Ryan White. This training will share, from a data perspective, how Consumers' information gets from them to the point of these charts & numbers we see at conferences, & what Consumers can do to contribute to data efforts across the state. A memo sharing best practices from an ADAP initial application pilot project conducted at 4 VDH subrecipient agencies will be available soon. Please contact Tim Agar (tagar@novaregion.org) or Brooke Williams (baw8cp@hscmail.mcc.virginia.edu) to become part of the subcommittee.

Quality Improvement Subcommittee Update

-The Quality Improvement Subcommittee reviewed statewide HIV Care Continuum data comparing clinical sites versus AIDS Service Organizations (ASO).

Ryan White Case Management Summit

Over 140 Case Managers, Nurses, Social Workers, Supervisors, as well as staff from VDH met at the Hotel Roanoke for the 4th Annual Ryan White Case Management Summit, titled ***Cultural Humility and Agility: Is It Just Political Correctness?***

Facilitators from Initiatives of Change and Partnerships for People with Disabilities presented several sessions on Implicit Bias, Cultural Humility, Energy Management, Vulnerability, and Honest Conversations on Race. VDH, Mid-Atlantic AIDS Education and Training Center (MAAETC), and Virginia HIV/AIDS Resource and Consultation Center (VHARCC) Staff led sessions on Best practices in Case Management and Molecular HIV Surveillance.

Optional Breakout session topics included: Yoga Nidra, REVIVE! Opioid Overdose Reversal training, Re-Entry Communities, Immigrant Communities, Transgender Communities, Homelessness, and a VDH Town Hall.

We would like to thank the following people for serving on the planning committee over the past year: Emily Brisette from Fredericksburg Area HIV/AIDS Support Services (FAHASS), Tania Chatterjee from INOVA Juniper, Katrina Comoli and Julie Newsome from the VCU Peer Review Program, Todd England from Minority AIDS Support Services (MASS), Andrea Reynolds from Carilion, Vikki Towsey from University of Virginia (UVA), and Kysha Washington from the Daily Planet.

Based on the overwhelming positive feedback we received from participants, we are pleased to announce that we will be returning to the Hotel Roanoke and Conference Center in 2020. **SAVE THE DATE: 2020 Ryan White Case Management Summit March 6-7 2020 at the hotel Roanoke and Conference Center.**

Thank you Case Managers for all that you do! For any questions related to this information, please contact Safere Diawara at safere.diawara@vdh.virginia.gov or Robert Rodney at robert.rodney@vcuhealth.org.

Quality Improvement Subcommittee Update contd.

The team found no difference in HIV healthcare outcomes for patients at either site. The committee also discussed the statewide GY19 QIP on viral suppression. The team provided suggestions that agencies can use to implement the new QIP at their agency.

The team recommends:

- *Examining specific populations that are not virally suppressed (aging, IDU, youth, etc.)

- *Examine system issues such as medication access: high co-pays, pharmacies do not have secondary insurance on file, mail order calling patients asking for confidential information, and ADAP eligibility

- *Increase levels of Medical Case Management interventions (e.g. clients with acuity level 3) or medication adherence education

- *Examine client served in rural areas and identify the differences in needs.

If you would like to add recommendations please submit to Michele Shearer at christina.shearer@vcuhealth.org

The **QMAC Data Subcommittee** has put together a survey that is intended to identify which systems VDH subrecipients are using to collect, process, and analyze Ryan White data. We are hoping to follow-up this survey with an effort to link and facilitate collaboration between sites using similar systems and data processes. We hope this will generate sharing on best practices regarding data.

- * One survey submission from each agency

- *Ensure information is accurate, so you can get the full benefit of this collaboration on sharing best practices.

- * Some questions are required, some are not. Complete ALL THAT APPLY to your agency's current practices and data collection.

- * Submissions are due **May 31st, 2019**. We will remind agencies at the May QMAC meeting to get submissions in.

- * If you have any questions, please contact Brooke Williams at baw8cp@hscmail.mcc.virginia.edu or Tim Agar at tagar@novaregion.org

Use this link to take the Google Doc Survey:

<https://forms.gle/AE8TMvPsZCgF7uTGA>

